

VISION ACCESS COMMITTEE MEETING OCTOBER 28, 1999

Agenda Overview - Jeff Clet

- Discussion\Overview of Kaiser Permanete's contract for interfacility transports with AMR.
- Review Vision conference objectives as a group.
 1. Prioritize objectives.
 2. Draft time line.
- Plan and schedule future meetings.
- Coordinate Access Committee's work with other Vision Committees.

A. Kaiser Permanete contract with AMR

1. Bob Eisenman and Jay Goldman presentation

- Contract deals with interfacility transports; it has nothing to do with 9-1-1.
- Advice system is not NEW; Kaiser has used nurse advice line for years.
- Kaiser in California is moving towards centralization; 3 call centers anticipated.
- 1 in 4 patients in CA are Kaiser members, policies developed by Kaiser will have a huge impact on 9-1-1.

2. AMR Pathways - Steve Sarine

- AMR Pathways is separate from the local AMR transport division. Pathways is part of the management division and is forming a network of ambulance providers; focus is on 9-1-1 calls.

3. Third Party Administrator (TPA)

- Kaiser not interested in billing as a core responsibility.
- Kaiser contracted out billing and included performance measures that TPA must follow.
- **Issue: Committee discussed development of regulations for medical advice lines to ensure quality improvement.**

B. Review Vision Conference Objectives as a Group

1. Original Vision Objectives:

- 1.) Implement pathway management programs in PSAP's and promote the development of and participation in large regional centers, as a cost effective way to reduce unnecessary costs and redirect patients from mandatory hospital transports (when transported) to more cost effective destinations.
Action: Became Committee's Priority #3.
- 2.) Access to EMS for perceived emergency needs should be a via a universal access system, such as 911. This system should have the ability to distinguish and provide care appropriate to need.
Action: Combined with #4 for Committee's Priority #1.
- 3.) Education of both users and providers of universal access systems must have a central role.
Action: Need to state components of education program first. Committee will connect with Prevention and Education/Personnel committees, State 9-1-1 (DGS) and NENA to determine.

- 4.) Emergency medical dispatch principles should be a core element of all universal access systems.
Action: Combined with #2 for Committee's Priority #1.
- 5.) Improve enhanced 9-1-1 system access in rural areas and support and advocate installation of call boxes on federal/state highways.
Action: Committee will coordinate with 9-1-1 User Committee and DGS, the state agency responsible for call boxes.
- 6.) Integration of alternate (non-911) access should be develop in all universal access systems.
Action: Became Committee's Priority #2.
- 7.) Consider a new universal statewide non-911 (i.e. 311) number staffed by personnel trained at same level as 911.
Action: Further discussion to revise objective.
- 8.) Access to the appropriate level of emergency medical and acute care services should be based on objective medical decision making.
Action: Committee agreed that (1) Objective #8 was the over-riding theme/guiding principle of the Committee and that (2) access decisions should be based on outcome data.

C. Discussion Points

- Committee decided its first focus should be on 9-1-1 and objectives directed toward PSAPs (both primary and secondary). Second focus should be on the number of calls received (volume).
- Access program components were identified: (1) PSAPs, (2) Access to 911, (3) EMD, and (4) Education.
- Development of education tools was discussed. Committee needs:
 - a. Generic speech that can be given to varied audiences.
 - b. Written document (e.g. white paper) distributed to all stakeholders.
- Committee discussed need for there to be a link between law enforcement and EMS vision process.
Carol will invite representatives from CHP, POST, Police Chiefs Association and Sheriffs Associations) to attend access committee meetings.

D. New Priorities

Committee's #1 Priority (combination of #2 and #4 Objectives)

Access to EMS for perceived emergency needs should be via a universal access system, such as 9-1-1. This system should have the ability to provide care appropriate to need.

- a. System should have the ability to link an alternative access point such as an advice nurse back to 9-1-1.
- b. System should use emergency medical dispatch principles and certification as

core elements of the universal access system.

Committee's #2 Priority (Objective #6)

Integration of alternate (non-9-1-1) access should be developed in all universal access systems.

- a. Need to define term "universal access". Free access to 9-1-1, no physical limitations, no language barriers should be part of definition.
- b. System should be linked so that calls may go from 9-1-1 center to non-emergency number center and the reverse.
- c. System should be coordinated with NENA and with vendors.
- d. Standards for data system should be developed

Committee's #3 Priority (Objective was #1)

Implement access management programs in PSAP's, and promote the development of and participation in large regional centers, as a cost effective way to reduce and direct patients from mandatory hospital transports (when transported) to more cost effective and medically appropriate dispositions.

Alternate destination policies. Committee could define categories at state level, locals would determine response. The ED is not the only solution.

Committee's #4 Priority (Objective was #7)

Consider a new universal statewide non-9-1-1.

- a. **Issue:** More discussion needs to take place to define this objective. Committee was uncomfortable with how objective was worded.
- b. **Issue:** Add'l training and 911 point of contact to non-emergency number are politically sensitive issues. Should dispatchers have medical training to answer medical call and if so, at what level? A minimum training standard should be set and calls linked back to 9-1-1.

E. Subcommittees assigned to work on different objectives:

Objective #1 Geoff Cady, Chuck Berdan

Objective #2 Steve Sarine, Geoff Cady and Chuck Berdan

Objective #3 Susan Promes, Jay Goldman, Mike Harris, Jeff Clet, Jim Dunford, Chuck Berdan

F. Plan and Schedule Future Meetings

A conference call set for November 30, 1999 from 10:00-11:30 a.m.

A face-to-face meeting is scheduled for Tuesday, January 18, 2000 in San Diego.